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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No 1545-0047

Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 D Employer identification number B Check if applicable PALM BEACH POLICE FOUNDATION INC 83-0462654 Address change Doing Business As Name change E Telephone number Number and street (or P O box if mail is not delivered to street address) 139 NORTH COUNTY RD NO 20C ☐ Initial return Room/suite (561) 820-8118 Terminated **G** Gross receipts \$ 795,645 City or town, state or country, and ZIP + 4 Amended return PALM BEACH, FL 33480 Application pending Name and address of principal officer JOHN SCARPA 139 NORTH COUNTY RD NO 20C **H(b)** Are all affiliates included? PALM BEACH, FL 33480 If "No," attach a list (see instructions) H(c) Group exemption number ▶ **▽** 501(c)(3) **┌** 4947(a)(1) or 527 Tax-exempt status 501(c) () ◀ (insert no) Website: ► WWW PBPOLICEFOUNDATION ORG M State of legal domicile FL L Year of formation 2006 Part I Summary Briefly describe the organization's mission or most significant activities THE P B P F IS A CHARITABLE ORGANIZATION THAT UNDERWRITES PROGRAMS AND ACCEPTS & MANAGES TAX DEDUCTIBLE GIFTS AND DONATIONS FOR THE BENEFIT OF THE PALM BEACH POLICE DEPARTMENT AND ITS Activities & Governance **EMPLOYEES** 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 9 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 12 0 **7a**Total unrelated business revenue from Part VIII, column (C), line 12 . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0

			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	434,000	636,548
Revenue	9	Program service revenue (Part VIII, line 2g)	0	0
e.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,468	17,037
Ť	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,920	-134,280
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	604,388	519,305
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	289,500	160,679
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	o	0
₩ ₩	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Expense	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	74,649	59,944
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	364,149	220,623
	19	Revenue less expenses Subtract line 18 from line 12	240,239	298,682
Net Assets or Fund Balances			Beginning of Current Year	End of Year
35. 19.	20	Total assets (Part X, line 16)	1,484,623	1,777,015
절절	21	Total liabilities (Part X, line 26)	113	0
ž2	22	Net assets or fund balances Subtract line 21 from line 20	1,484,510	1,777,015

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer JOHN SCARPA PRESIDENT Type or print name and title			2011-12-13 Date	
	Print/Type preparer's name DAVID J THOMAS	Preparer's signature DAVID J THOMAS	Date	Check if self- employed •	PTIN
Paid Preparer	Firm's name HOLYFIELD & THOMAS LLC				Firm's EIN
Use Only	Firm's address 125 BUTLER STREET WEST PALM BEACH, FL 3340	17			Phone no • (561) 689-6000
May the IR	✓ Yes No				

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Form	990 (2	2010)				Page 2					
Par	t III	Statement of Program Check if Schedule O contains			ı	୮					
1	Briefl	y describe the organization's m	ission								
					MS AND ACCEPTS & MANAGI ARTMENT AND ITS EMPLOYE						
2		e organization undertake any s	ıgnıfıcant program se	ervices during the yea		Yes ✓ No					
	the prior Form 990 or 990-EZ?										
3		e organization cease conductir	-· -	=		_ Yes ✓ No					
	If "Yes	s," describe these changes on S	Schedule O								
4	Sectio		anızatıons and secti	on 4947(a)(1) trusts	e largest program services by e are required to report the amou n service reported	•					
4a	(Code	e) (Expenses :	\$ 92,000	including grants of \$	92,000) (Revenue \$)					
		ER EDUCATION SCHOLARSHIPS - THIS DYEES OF THE POLICE DEPARTMENT	PROGRAM PROVIDES UP	TO \$6,000 ANNUALLY TO	QUALIFIED CHILDREN OF SWORN OFF	ICERS AND CIVILIAN					
4b	(Code	e) (Expenses	\$ 68,678	ıncludıng grants of \$) (Revenue \$)					
-10	POLIC NEEDS	E DEPARTMENT SUPPLEMENTS - PRO	VIDES SUPPLEMENTARY F ORTS CITIZEN CRIME PR	UNDING TO THE DEPARTM	MENT FOR ADDITIONAL TRAINING, EQUITHE RESIDENTIAL AND BUSINESS COM						
	(Code	e) (Expenses	\$ 13.706	including grants of \$) (Revenue \$	1					
40	•	, , ,	•		ANCE TO OFFICERS INJURED OR DISA	BLED IN THE LINE OF DUTY					
	O the	er program services (Describe	ın Schedule O)								
		enses \$	including grants o	f \$) (Revenue \$)					
4e	Total	l program service expenses▶\$	174,38	34							

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes</i> ,"			
	complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

G.	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
•	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		Νo
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
,	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N c
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year	70		140
	Did the average and a second and a discretify as indicately to any average and a second base 64			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
ı	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
1	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
_	If "Vec " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1.46		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI										. F	7
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Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
b	Enter the number of voting members included in line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	—		No
ь	governing body?	. 7b		No
		, /		NO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	12		
		11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	e 12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		N o
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
<u> </u>		16b		
	List the States with which a conviof this Form 990 is required to be filed FE			
17	List the States with which a copy of this Form 990 is required to be filed FL Section 6104 requires an expansion to make its Form 1023 (or 1024 if applicable), 990, and 990. T. (F01/s)			
19	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
40	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization LESLIE DIVER
 139 N COUNTY RD

PALM BEACH, FL 33480 (561) 820-8118

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz		lated or	ganı	zatio	nco	mpen	sate	d any current office	r, director, or trust	ee
(A) Name and Title	(B) Average hours per	Posi t			')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) ANNIE FALK MEMBER	1 00	х						0	0	0
(2) GERALD FRANK MEMBER	50	х						0	0	0
(3) WILLIAM KOCH MEMBER	50	х						0	0	0
(4) DAVID MACK MEMBER	50	х						0	0	0
(5) LESLY SMITH MEMBER	50	х						0	0	0
(6) MICHAEL STEIN TREASURER	1 00	х						0	0	0
(7) JOHN SCARPA PRESIDENT	1 00	х		х				0	0	0
(8) TIM MORAN VICE-PRESIDENT	1 00	х		Х				0	0	0
(9) MICHAEL REITER MEMBER	1 00	х		Х				0	0	0

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours	1	() Ition that a	(che		II		Repo compe	D) rtable nsation n the	(E) Reportable compensation from related		(F) Estima	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		compen: from rganizat relat organiza	the ion and ed
		_												
				_										
1b	Sub-Total							-						
С.	Total from continuation sheets						•	<u></u>				0		0
d		<u> </u>								0		0		0
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above) who	received	d more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc					eye •	mploy •	ee,o	rhighest • • •	compens	ated employee	3		No
4	For any individual listed on line organization and related organization											4		No
5	Did any person listed on line 1a services rendered to the organi		-						_	anızatıon d	or individual for	5		No
	allow B. Tallows 1 . 1 C.													
1 1	ction B. Independent Cor Complete this table for your five \$100,000 of compensation from	e highest compei		ındep	ende	ent c	ontra	tors	that rec	eived mor	e than			
		(A) me and business ad								Descr	(B) ription of services		(C Comper	
									+					
2	Total number of independent con	tractors (ıncludıı	ng but n	ot lır	nıted	l to	those	liste	d above)	who recen	ed more than			

		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
: 42	1a	Federated campaigns 1a					
Ş۱	b	Membership dues 1b					
`≦	c	Fundraising events 1c	542,500				
.π =	d	Related organizations 1d					
<u>}</u> ≝	e	Government grants (contributions) 1e					
늏	f	All other contributions, gifts, grants, and 1f	94,048				
室	•	sımılar amounts not ıncluded above					
ᄛ	g	Noncash contributions included in lines 1a-1f \$					
b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1 f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$. ▶	636,548					
_			Business Code				
를 :	2a						
\$ \$2	ь						
2	c						
ž	d						
<u> </u>	e						
Program Service Revenue	f	All other program service revenue					
Ĕ			L				
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte	rest <u>⊾</u>	17,037			17,037
	4	and other similar amounts)		17,037			17,037
	4 5	Royalties					
	•	(ı) Real	(II) Personal				
,	6a	Gross Rents	(II) I ersonar				
	ь	Less rental					
	С	expenses Rental income					
		or (loss)					
-	d	Net rental income or (loss)					
.	7a	(i) Securities Gross amount	(II) O ther				
		from sales of assets other					
		than inventory					
	b	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
		Gross income from fundraising events					
		(not including					
		\$542,500 of contributions reported on line 1c)					
<u>:</u>		See Part IV, line 18					
.		а	142,040				
		Less direct expenses b	276,340				
-		Net income or (loss) from fundraising events	🟲	-134,300			-134,300
	ya	Gross income from gaming activities See Part IV, line 19 . a					
	b	Less direct					
		expenses b					
L		Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
		a					
		Less cost of goods sold b					
-	С	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code				
- -	11-	MISC REVENUE	900099	20			20
	тта	MISC REVENUE	300033	20			
	с	A.II II.					
		All other revenue					
	е	Total. Add lines 11a-11d	· •	20			
	12	Total revenue. See Instructions	▶ }				
- 1				519,305	0	0	-117,243

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Α	ll other organizations must complete column (A) but are not required to c	omplet e columr	ns (B), (C), and		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	68,678	68,678		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	92,001	92,001		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
5	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
3	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	6,340		6,340	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
F	Investment management fees				
g	Other	763		763	
2	Advertising and promotion				
	Office expenses				
	Information technology				
•	Royalties				
5	Occupancy	9,067		9,067	
7	Travel				
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	224		224	
)	Interest				
L	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3 4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of	2,915		2,915	
	line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ADMINISTRATIVE SERVICES	26,883		26,883	
D	MISC CONTRIBUTIONS	8,555	8,555		
C	ASSISTANCE FUND	5,150	5,150	4-	
d	FOREIGN TAX	47		47	
e f	All other expenses				
-	All other expenses Total functional expenses: Add lines 1 through 24f	222.55-	474.00:	15.005	
5	Total functional expenses. Add lines 1 through 24f	220,623	174,384	46,239	
6	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solutions.				

Pa	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		54,257	1	310,119
	2	Savings and temporary cash investments		1,426,236	2	541,180
	3	Pledges and grants receivable, net	•		3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$, and contributing empsponsoring organizations of section $501(c)(9)$ voluntary employee organizations (see instructions)	loyers, and			
- 8		Schedule L			6	
ssets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,130	9	9,565
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	916,151
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,484,623	16	1,777,015
	17	Accounts payable and accrued expenses .		113	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
- 10	20	Tax-exempt bond liabilities			20	
<u>a</u>	21	Escrow or custodial account liability Complete Part IV of Schedule I	· .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		113	26	0
Balances		Organizations that follow SFAS 117, check here ▶ and complete through 29, and lines 33 and 34.	te lines 27			
등	27	Unrestricted net assets		1,434,510	27	1,677,015
8	28	Temporarily restricted net assets		50,000	28	100,000
Fund	29	Permanently restricted net assets			29	
or Fu		Organizations that do not follow SFAS 117, check here ► and olines 30 through 34.	complet e			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other fund	s		32	
Net	33	Total net assets or fund balances		1,484,510	33	1,777,015
_	34	Total liabilities and net assets/fund balances		1.484.623	34	1.777.015

14 01	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)			_	-1000
2	Total expenses (must equal Part IX, column (A), line 25)	2			220,62
3	Revenue less expenses Subtract line 2 from line 1	3			298,68
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,4	184,51
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-6,17
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,7	777,01
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			দ	
		_		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	equired	3b		

DO NOT TROCES

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization PALM BEACH POLICE FOUNDATION INC **Employer identification number**

83-0462654 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning nt?	(v) Did you not organizati col (i) of suppor	on in your t?	(vi) Is the organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	under Part III. If the	e organization ra	alls to qualify u	nder the tests i	istea below, pie	ease co	mpiete i	art III.)
	ection A. Public Support	1	1					
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and		+					
-	membership fees received (Do not	447,12	620.27	670,500	424 000		636,548	2 017 440
	include any "unusual	447,123	629,27	670,500	434,000		636,548	2,817,448
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its							
_	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge	?						
4	Total. Add lines 1 through 3	447,12	5 629,27	670,500	434,000		636,548	2,817,448
_	The portion of total contributions b		023,27	0,0,500	131,000		030,310	2,017,110
5	each person (other than a	^y						
	governmental unit or publicly							
	supported organization) included or	n l						85,742
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from	n						2,731,706
	line 4							2,731,700
S	ection B. Total Support							
Cale	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
	ın) ►				` '			
7	A mounts from line 4	447,125	629,275	670,500	434,000		636,548	2,817,448
8	Gross income from interest,							
	dividends, payments received on	4,512	24,503	22,293	18,468		17,037	86,813
	securities loans, rents, royalties	4,312	24,303	22,293	10,400		17,037	00,013
	and income from similar sources							
9	Net income from unrelated		+					
9	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income Do not include							
	gain or loss from the sale of				3		20	23
	capital assets (Explain in Part				3		20	23
	IV)							
11	Total support (Add lines 7							2,904,284
	through 10)							· ·
12	Gross receipts from related activiti	ies, etc (See instr	ructions)			12		
13	First Five Years If the Form 990 is	for the organization	n's first, second	, thırd, fourth, or fı	fth tax year as a !	501(c)(3) organız	
	check this box and stop here							► □
	ation C. Commutation of Dul	hlia Cummant D						
	ection C. Computation of Pul			11 (5)		1		
14	Public Support Percentage for 201			II Column (i))		14		94 060 %
15	Public Support Percentage for 200	•	•			15		95 570 %
16a	33 1/3% support test—2010. If the				ine 14 is 33 1/3%	or more	e, check t	his box ► ▼
h	and stop here. The organization qua 33 1/3% support test—2009. If the	•			a and line 1 E is 3	2 2 1/20/-	or more	. ,
D	box and stop here. The organization				a, and thie 15 is 3	J 1/370	or more,	F.
17a	10%-facts-and-circumstances test				e 13 16a or 16h	and line	- 14	-,
., u	is 10% or more, and if the organiza							
	in Part IV how the organization med					-	•	ed
	organization				4	F 2	,	Ĩ ⊳ ┌
b	10%-facts-and-circumstances test	—2009. If the orga	ınızatıon dıd not o	heck a box on lin	e 13, 16a, 16b, o	r 17a ar	nd line	•
	15 is 10% or more, and if the organ	_						
	Explain in Part IV how the organiza							_
	supported organization							► □
18	Private Foundation If the organizat	tion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	box and	see	. —
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493355001081

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Inspection Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** PALM BEACH POLICE FOUNDATION INC 83-0462654

	organization answered "Yes" to Form 9	(a) Donor ac	vised funds	(b)	Funds and o	ther account	ts
Tota	Il number at end of year						
Aggr	regate contributions to (during year)						
Aggr	regate grants from (during year)						
Aggr	regate value at end of year						
	the organization inform all donors and donor adv is are the organization's property, subject to the			nor advised	i	☐ Yes	ΓN
used	the organization inform all grantees, donors, and d only for charitable purposes and not for the bei ferring impermissible private benefit				urpose	☐ Yes	┌ĸ
rt II	Conservation Easements. Complete	of the organization	answered "Yes"	to Form 9	90, Part I\	/, line 7.	
	pose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat	_					
Γ	Preservation of open space						
Com	nplete lines 2a-2d if the organization held a qua	lified conservation co	ntribution in the forr	n of a cons	ervation		
ease	ement on the last day of the tax year						
					Held at the	End of the Y	/ear
Tota	al number of conservation easements			2a			
Tota	al acreage restricted by conservation easements	S		2b			
Num	nber of conservation easements on a certified hi	storic structure includ	ed ın (a)	2c			
Num	nber of conservation easements included in (c) a	acquired after 8/17/06		2d			
the	nber of conservation easements modified, transf taxable year ▶			ed by the o	nganization	auring	
	nber of states where property subject to conserv						
	s the organization have a written policy regardin orcement of the conservation easements it holds		ing, inspection, har	ıdlıng of vıc	olations, and	│ │ Yes	┌
Staf	ff and volunteer hours devoted to monitoring, ins	pecting and enforcing	conservation easer	nents durır	ng the year 🖡	-	
	ount of expenses incurred in monitoring, inspect						
A mo	and a superious meaning in monitoring, inspect	ing, and enforcing con	servation easement	s during th	ie year 🟲 \$ _		
Doe	s each conservation easement reported on line in (h)(4)(B)(ii) and 170(h)(4)(B)(ii)?				e year ►\$ _	☐ Yes	
Doe 170 In P bala	s each conservation easement reported on line	2(d) above satisfy the conservation easemen the footnote to the ore	requirements of se	ction d expense	statement,	TYes	┌ ĸ
Doe 170 In P bala the	s each conservation easement reported on line (h)(4)(B)(i) and 170(h)(4)(B)(ii)? Part XIV, describe how the organization reports of the content of the cont	2(d) above satisfy the conservation easementhe footnote to the order t	requirements of se ts in its revenue an janization's financia	ction d expense il statemen	statement, a	Yes and cribes	┌ ►
Doe 170 In P bala the o	s each conservation easement reported on line of (h)(4)(B)(i) and 170(h)(4)(B)(ii)? Fart XIV, describe how the organization reports of the sheet, and include, if applicable, the text of organization's accounting for conservation ease Organizations Maintaining Collection	2(d) above satisfy the conservation easementhe footnote to the orments ons of Art, Histor "Yes" to Form 990, 5 116, not to report in for public exhibition,	ts in its revenue an ganization's financial ical Treasures, Part IV, line 8. Its revenue statem education or resea	d expense Il statemen or Other ent and bal	statement, sits that descriptions of the state of the sta	Tyes and cribes Assets. works of	
Doe 170 In P bala the o If th art, prov If th histo	s each conservation easement reported on line of (h)(4)(B)(i) and 170(h)(4)(B)(ii)? Fart XIV, describe how the organization reports of the sheet, and include, if applicable, the text of organization's accounting for conservation ease Organizations Maintaining Collection Complete if the organization answered the organization elected, as permitted under SFAS historical treasures, or other similar assets held	conservation easementhe footnote to the orderes consor Art, Histor "Yes" to Form 990, for public exhibition, nancial statements the for the footnote to the orderes the formal formal formal formal statements the formal formal formal formal statements the formal formal formal formal formal statements the formal forma	ts in its revenue an panization's financial treasures, Part IV, line 8. Its revenue statem education or reseau at describes these revenue statement	d expense of Other ent and balact in further and balance and balance and balance descriptions.	statement, and state that described ance sheet erance of pure sheet work	Yes and cribes Assets. works of iblic service,	┌ N
In P bala the of	s each conservation easement reported on line (h)(4)(B)(i) and 170(h)(4)(B)(ii)? Fart XIV, describe how the organization reports of ince sheet, and include, if applicable, the text of organization's accounting for conservation ease Organizations Maintaining Collectic Complete if the organization answered the organization elected, as permitted under SFAS historical treasures, or other similar assets held in organization elected, as permitted under SFAS orical treasures, or other similar assets held for	conservation easementhe footnote to the orments ons of Art, Histor "Yes" to Form 990, 116, not to report in for public exhibition, nancial statements the 116, to report in its public exhibition, edus	ts in its revenue an ganization's financial treasures, Part IV, line 8. Its revenue statem education or reseau at describes these revenue statement	d expense of Other ent and balact in further and balance and balance and balance descriptions.	statement, and state that described ance sheet erance of public ance and ance ance and ance and ance and ance ance and ance ance and ance ance and ance ance ance and ance ance ance ance ance ance ance and ance ance ance ance ance ance ance ance	Yes and cribes Assets. works of iblic service,	
In P bala the crt IIII	s each conservation easement reported on line of (h)(4)(B)(i) and 170(h)(4)(B)(ii)? Fart XIV, describe how the organization reports of the sheet, and include, if applicable, the text of organization's accounting for conservation ease Organizations Maintaining Collection Complete if the organization answered the organization elected, as permitted under SFAS historical treasures, or other similar assets held for organization elected, as permitted under SFAS orical treasures, or other similar assets held for orical treasures.	conservation easementhe footnote to the orments ons of Art, Histor "Yes" to Form 990, 116, not to report in for public exhibition, nancial statements the 116, to report in its public exhibition, edus	ts in its revenue an ganization's financial treasures, Part IV, line 8. Its revenue statem education or reseau at describes these revenue statement	d expense of Other ent and balach in further and balance and balance and balance descriptions.	statement, and state that described ance sheet erance of public sheet work ance of public sheet work and sheet sheet work and s	Yes and cribes Assets. works of blic service, ks of art, service,	
In P bala the control of the control	s each conservation easement reported on line (h)(4)(B)(i) and 170(h)(4)(B)(ii)? Part XIV, describe how the organization reports of ince sheet, and include, if applicable, the text of organization's accounting for conservation ease Organizations Maintaining Collectic Complete if the organization answered the organization elected, as permitted under SFAS historical treasures, or other similar assets held order, in Part XIV, the text of the footnote to its fine organization elected, as permitted under SFAS orical treasures, or other similar assets held for order the following amounts relating to these items. Revenues included in Form 990, Part VIII, line 2	conservation easementhe footnote to the orderents ons of Art, Histor "Yes" to Form 990, 116, not to report in for public exhibition, nancial statements the 116, to report in its public exhibition, edus torical treasures, or of	ts in its revenue an panization's financial treasures, Part IV, line 8. Its revenue statem education or resear at describes these revenue statement cation, or research	d expense I statemen or Othe ent and bal ch in furthe items and balanc	statement, ats that descriptions of public states and the states are states as a second secon	Yes and cribes Assets. works of iblic service, ks of art, service,	
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For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part	Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	es, or C	the	<u>r Similar</u>	Asse	ts (cc	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	that are	a sıgnıfıca	ant us	se of its co	llection		
а	Public exhibition		d	Γ	Loan	orexcha	inge progi	rams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	n they	√ furthe	er the or	ganızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					ılar	Γ,	Yes	∏ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	itions or	other ass	ets n	ot	Γ.	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г			A mou	nt	
c	Beginning balance						ľ	1c				
d	Additions during the year						ļ	1d				
e	Distributions during the year						ľ	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?				L				Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		- -							•	-	
	t V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990.	Part	t IV, line	10.		
		(a)Current Year		Prior \			Years Back		hree Years B		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships		<u> </u>									
e	Other expenditures for facilities and programs											
f	Administrative expenses		<u> </u>					1				
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ►											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation t	that a	ire held	d and ad	mınıstere	d for t	:he		Yes	No
	(i) unrelated organizations								[3a(i)		
	(ii) related organizations								[3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization	·						•	[3b		
4	Describe in Part XIV the intended uses of th					00 5		4.0				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S			•	i '		1		$\overline{}$	
	Description of investment				a) Cost onsider	or other estment)	(b) Cost or basis (ot		(c) Accun depreci		(d) B	Book value
1a '	_and		•									
Ь	Buildings		•								<u> </u>	
	_easehold improvements			- 1			Ī		1		1	
C	Leasenoid improvements		•									
	Equipment		•									
d e	·	· · · · · · ·										

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

	LS	10.1 Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	
519,305	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
220,623	2	Total expenses (Form 990, Part IX, column (A), line 25)	2
298,682	3	Excess or (deficit) for the year Subtract line 2 from line 1	3
-6,177	4	Net unrealized gains (losses) on investments	4
	5	Donated services and use of facilities	5
	6	Investment expenses	6
	7	Prior period adjustments	7
	8	Other (Describe in Part XIV)	8
-6,177	9	Total adjustments (net) Add lines 4 - 8	9
292,505	10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
		t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	
789,468	1	Total revenue, gains, and other support per audited financial statements	1
· · · · · · · · · · · · · · · · · · ·		A mounts included on line 1 but not on Form 990, Part VIII, line 12	2
		Net unrealized gains on investments	а
		Donated services and use of facilities	ь
		Recoveries of prior year grants	С
		Other (Describe in Part XIV)	d
270,163	2e	Add lines 2a through 2d	e
519,305	3	Subtract line 2e from line 1	3
		A mounts included on Form 990, Part VIII, line 12, but not on line 1	4
		Investment expenses not included on Form 990, Part VIII, line 7b . 4a	а
		Other (Describe in Part XIV) 4b	b
0	4c	Add lines 4a and 4b	c
519,305	5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	per Re	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	Par
496,963	1	Total expenses and losses per audited financial statements	1
		A mounts included on line 1 but not on Form 990, Part IX, line 25	2
		Donated services and use of facilities	а
		Prior year adjustments	b
		Thory can adjust ments it is it is it is it is it is a little and the control of	
		Other losses	С
			c d
276,340	2e	Other losses	
	2e 3	Other losses 2c Other (Describe in Part XIV) 2d 276,340	d
		Other losses	d e
		Other losses	d e 3
		Other losses 2c Other (Describe in Part XIV) 2d 276,340 Add lines 2a through 2d	d e 3 4
276,340 220,623 0		Other losses	d e 3 4

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL FUNDRAISING EVENTS 276,340
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL FUNDRAISING EVENTS 276,340

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Department of the Treasury

Internal Revenue Service

DLN: 93493355001081

OMB No 1545-0047

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

> Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** PALM BEACH POLICE FOUNDATION INC 83-0462654 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

	Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas	ilicitations s a written or oral agre i Form 990, Part VII) st paid individuals or	ement wit or entity entities (e f g th any Ind In conne fundraise	dividuection	Solicitation of nor Solicitation of gov Special fundraisin al (including office with professional ursuant to agreem	n-government grants vernment grants ng events rs, directors, trustees fundraising services? ents under which the fur	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo	Did ser have ody or rol of utions?) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
	_			_				
Tota	ıl			•				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 POLICE BALL AND AUCTION	(b) Event #2 (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
Φ			(event type)			
Revenue	1 2	Gross receipts Less Charitable	684,540			684,540
Rey		contributions	542,500			542,500
	3	Gross income (line 1 minus line 2)	142,040			142,040
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
Drea	8	Entertainment				
莅	9	Other direct expenses .	276,340			276,340
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	🛌	276,340
	11	Net income summary Combine lir	nes 3 and 10 ın column (d)		-134,300
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
နှ	2	Cash prizes				
Expenses	3	Non-cash prizes				
ស្ត	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	∀es % No	Γ Yes % Γ No	_
	7	Direct expense summary Add lines	2 through 5 in column (d)		
	8	Net gaming income summary Com	oine lines 1 and 7 in colu	ımn (d)		
9		er the state(s) in which the organiza				
a b		the organization licensed to operate No," Explain				· Fyes Fno
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · Fyes FNo

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	\$ \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par			r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Schedule I

DLN: 93493355001081 OMB No 1545-0047

2010

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Part I General Informa						Employer identif	ication number
							ication number
Part I General Informa	ation on Grants					83-0462654	
		and Assistance					
Does the organization main the selection criteria used t Describe in Part IV the orga	o award the grants	or assistance?					ר Yes Γ
Part II Grants and Othe Form 990, Part IV	, line 21 for any	Governments and recipient that receive eded	d more than \$5,000). Check this box if	no one recipient rece	eived more than \$5,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TOWN OF PALM BEACH POLICE DEPT345 SOUTH COUNTY ROAD PALM BEACH,FL 33480			43,677				PURPOSE OF THE GRANT IS FOR PURCHASE OF EQUIPMENT
(2) CRIME WATCH-PALM BEACH345 SOUTH COUNTY ROAD PALM BEACH, FL 33480			25,000				PROVIDE UNRESTRICTED FUNDS
2 Enter total number of section	on 501(c)(3) and go	vernment organizations					-

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) THE ORGANIZATION AWARDS EDUCATIONAL SCHOLARSHIPS/FINANCIAL ASSISTANCE TO FAMILY MEMBERS OF THE TOWN OF PALM BEACH POLICE DEPARTMENT	14	92,001			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THERE ARE THREE SCHOLARSHIP PROGRAMS 1 PALM BEACH POLICE SCHILARSHIP
MONITORING GRANTS		2 CHARLES EVANS SCHOLARSHIP 3 WILLIAM I KOCH SCHOLARSHIP THE QUALIFICATIONS AND DETAILS ABOUT
IN THE U S		EACH SCHOLARSHIP ARE AVAILABLE UPON REQUEST

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DLN: 93493355001081

OMB No 1545-0047

2010

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE 0

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization PALM BEACH POLICE FOUNDATION INC Employer identification number

83-0462654

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATIONS MAKES ITS GOVERNING DOCUMENTS AND OTHER FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -6,177

ldentifier	Return Reference	Explanation
AUDIT REPORT REVIEW PROCESS -	PART XII LINE 2C	THE AUDIT REPORT IS REVIEWED ANNUALLY AT THE ANNUAL AUDIT REPORT REVIEW MEETING AS PRESENTED BY THE INDEPENDENT AUDITOR THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

ldentifier	Return Reference	Explanation
REVENUE LESS EXPENSES	PART I, LINE 19	NOTWITHSTANDING THE FOUNDATION'S OVERALL SUCCESS IN RECEIVING CONTRIBUTIONS, THE BOARD HAS INTENTIONALLY DECIDED NOT TO EXPEND ALL OF ITS CURRENT NET INCOME, BUT RATHER TO ACCUMULATE NET ASSETS TO A LEVEL WHICH WILL PROVIDE PERPETUAL SUPPORT FOR ITS PROGRAMS AND MISSION

ldentifier	Return Reference	Explanation
DESCRIBE THE FUNDRAISING EVENT RESULT -	PART VIII, QUESTION 8	THE ORGANIZATION BELIEVES BY HOLDING ITS PRIMARY FUNDRAISING EVENT AT A COST WHICH EXCEEDS THE DIRECTLY ASSOCIATED INCOME, IT SHOULD GENERATE SIGNIFICANT CONTRIBUTION INCOME FOR THE BENEFIT OF THE FOUNDATION